



BOARD OF SANITARIANS

301 South Park Ave

PO Box 200513

Helena MT 59620

(406) 841-2348

Email: dlibsdsan@mt.gov

Website: www.sanitarian.mt.gov

SANITARIAN

Renewal Application

Name: _____

License Number: _____

If your address has changed, please list your new address below:

Preferred mailing address: _____

City, State and Zip Code: _____

Your Montana Sanitarian license will expire on **June 30**

NOTE: You can renew your license on-line at LicenseRenewal.mt.gov

Renewal fee: **\$90.00**

Late Renewal Fee: **\$90.00** for a total due of **\$180.00** (if postmarked after June 30)

Please follow the following instructions in order to renew you license:

1. Complete the renewal application.
2. Read the continuing education statement very carefully.
3. Answer the disciplinary question at the bottom of the form.
4. Submit a check or money order in the amount of \$90.00 made payable to the Board of Sanitarians.
5. Renewals postmarked after June 30 are subject to an additional \$90.00 late fee, increasing the total amount due to \$180.00.
6. Sign the renewal application
7. Return the renewal application and appropriate fee to the board office on or before June 30.

After June 30 your license is deemed lapsed. Legislation passed in the 2005 session provides that a licensee may reactivate a lapsed license within 45 days after the renewal date by submitting a fully completed renewal form and paying the late fee along with the current renewal fee. On the 46th day the license is considered expired. A licensee who practices after the license has expired is considered to be practicing without a license.

Continuing education requirement and statement:

You are required to have 15 hours of continuing education completed every odd year in order to renew your license. The board will be conducting a random audit of licensees after the odd year renewal to ensure compliance. By signing the application below, I declare under penalty of perjury that I have completed 15 hours of continuing education since the last odd year renewal cycle. I am aware that a false statement may lead to subsequent revocation of licensure of ethical grounds.

Yes ___ No ___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Section 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of you license.

Signature: _____

Date: _____

DO NOT SEND CASH